

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214528890			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NATIONAL MILITARY INTELLIGENCE ASSOCIATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID HALE 8416 SWEET PINE CT SPRINGFIELD, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: 03230935</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4639 LAMBERT DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22311</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOE KEEFE TITLE: PRESIDENT ADDRESS: 11223 ROBERT CARTER ROAD CITY/ST/ZIP/CO: FAIRFAX STATION,, VA 22039 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOE KEEFE TITLE: PRESIDENT ADDRESS: 11223 ROBERT CARTER ROAD CITY/ST/ZIP/CO: FAIRFAX STATION,, VA 22039	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES WILLIAMS TITLE: CHAIRMAN ADDRESS: 8928 MAURICE LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: THOMAS BREWER TITLE: DIRECTOR ADDRESS: TAD PGS CITY/ST/ZIP/CO: 1001 3RD AVE WEST BRADENTON, FL 34205	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	CALLAND CARNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11078 SAFFOLD WAY		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	DAVID DEPTULA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3476 LLOYD HILL CT		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		
NAME:	MICHAEL M FERGUSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9212 MACSWAIN PLACE		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		
NAME:	JANE FLOWERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1943 SHIVER DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307-1631		
NAME:	FORREST R FRANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4639 LAMBERT DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311		
NAME:	MICHAEL GREBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5416 NORTH 31ST STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	CHARLES "JOE" GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11955 FREEDOM DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	DAVID HALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8416 SWEET PINE COURT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153-1823		
NAME:	WILLIAM HALPIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12011 SUNSET HILLS RD		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	TRACY ISELER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ACCENTUE INC		
CITY/ST/ZIP/CO:	3130 P ST NW WASHINGTON, DC 20007		
NAME:	KELLY MCCLANAHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 S COURTHOUSE RD SUITE 124		
CITY/ST/ZIP/CO:	ARLINGTON,, VA 22204		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SPRACHER DIRECTOR 8526 OAK POINTE WAY FAIRFAX, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS TUCKER DIRECTOR MISSION SYNC LLC 506 DELANO DR SE VIENNA, VA 22180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD YORK DIRECTOR 4005 BELLE RIVE TERRACE ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOE KEEFE		JOE KEEFE, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			